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<b>SERIAL NUMBER</b> 09/941,897	<b>FILING OR 371(c) DATE</b> 08/28/2001 <b>RULE</b>	<b>CLASS</b> 544	<b>GROUP ART UNIT</b> 1624	<b>ATTORNEY DOCKET NO.</b> 27866/37676
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**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/229,899 09/01/2000

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***

**\*\* 10/02/2001**

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>[Signature]</i> Initials <i>D.K.</i>	<b>STATE OR COUNTRY</b> WA	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 37	<b>INDEPENDENT CLAIMS</b> 4
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**ADDRESS**  
04743

**TITLE**  
MATERIALS AND METHODS TO POTENTIATE CANCER TREATMENT

<b>FILING FEE RECEIVED</b> 937	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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